FOR STATE HEALTH DEPT.

our files.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12483

		1					Key, Dist.	
Charles	2420		MARYLAND				and the	
	outside corporate limits, write RU	c. LENGT	H OF STAY IN 16	c. CITY OR TO	WN (If outside corp	porate limits, write	RURAL and g	ive nearest tawn)
							-	e. IS RESIDEN
None				13-Glym	ont Road.	Indian H	ead lid,	ON A FARM
NAME OF DECEASED Type or print)	Fin Russell lære	dith Bowi	Middle	Last	4. DATE OF DEATH			Day Year
ex Tale	6. COLOR OR RACE 7.	MARRIED NEV		DATE OF BIRTH	7-14-28	9. AGE In years fast birthday	IF UNDER 1Y Months Do	
uring most of working	life, even if retired)	Na.va.L P	ropellant	T			12. CITIZE USA	N OF WHAT COUN
FATHER'S NAME James Rus	seell Bowie			14. MOTHER'S MARY	Elizabeth	Abel		
WAS DECEASED EVE	R IN U. S. ARMED FORCE (If yes, give war or dates of servi	ice)			Mary Tliz			
PART I. DEAT	H WAS CAUSED BY:			1				Interval Between Diser and Death Immediate
gave rise to immed	y, which (b) H	ypertensi	on					Indefinit
PART II, OTH	ER SIGNIFICANT CONDIT	IONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEAS	E CONDITION GI	VEN IN PART 1	(o) 19. WAS AUTOP: PERFORMED? YES NO
PRIMARY OF OF CONCAUSE OF DEATH.	SE WAS ITRIBUTING []		IURY OCCURRED. (Enter nature af injur	y in Port I or Part II	at item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year	While Not	while fac	CE OF INJURY (Hostory, street, affice bl	ne, form, 20f. (Cit) dg., etc.)	y or town)	(Count	y) (Stat
A4	Address of the same				_			
CTUAL O	76	chels	e					DATE SIGNED
EXAMINER'S NAME (1/1/pe)	ames E.Andre	ews ID				Y	1	2-1-59
	N, 226. DATE THEREOF	-9/1/			22d. LOCA	TION (City, town,	or county)	d. (State)
FUNERAL DIRECTOR	SIGNATURE		1 1 1 1 "	2. / 2.	o. REC'D BY REGIST	TRAR 24b. REG	ISTOAR'S SIGN	ATURE
	COUNTY Charles City or town (if and give nearest town) Indian Head Name of Hospita None Name of Hospita None Name of Poetased Vippe or print) EX Indian Coccupatio Usual occupatio Uring most of working Thems Rus Was deceased eve The part I. Deati Lands of Deat Part I. Deati Lands of Deat Part I. Deati Lands of Deat Part II. Oth Conditions, If on gave rise to immed loj, stating the u coute lost. Part II. Oth 20c. External Cau PRIMARY or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour a. m. p. m. 21. I certify th opinion death Signature Examinates Signature Examination Examinates Signature Examination Exam	COUNTY Charles CITY OR TOWN (II outside corporate limits, write RU and give recrest town) Indian Head Md NAME OF HOSPITAL OR INSTITUTION (If m. None None	COUNTY Charles CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Make of Hospital or Institution (If not in hospital, give in Mone NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give in Mone NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give in Mone NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give in Mone NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give in Mone NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give in Mone NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give in Mone NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give in Mone NEX 6. COLOR OR RACE NAME NIDOWED USUAL OCCUPATION (Give kind of work done NIDOWED USUAL OCCUPATION NEX NIDOWED NEX NAME OF INDUS NEX NIDOWED NEX NAME OF INDUS NEX NIDOWED NEX NEX NIDOWED NEX NIDOWED NEX NEX NIDOWED NEX NEX NIDOWED NEX NEX NEX NEX NEX NEX NEX N	COUNTY Charles Charles CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown) ANAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) NONE SAME OF First Middle EX 6. COLOR OR RACE WIDOWED USUAL OCCUPATION (Give kind of work done) USUAL OCCUPATION (Give kind of work done) TATHER'S NAME James Russell Bovie WAS DECEASED EVER IN U. S. ARMED FORCES? Inc. of unknown) (If yas, give wor or doles of service) B. CAUSE OF DEATH [Enfer only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, If ony, which gove rise to immediate cause (o), stating the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IO CAUSE OF DEATH. PORT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IO CAUSE OF INJURY Month. Doy. Year Hour a, m. p. m. 19 contributions 19 contributions Tames E. Andrews ID EXAMINER'S NAME OF CEMETERY OR REMOVAL (Specify) James E. Andrews ID RARYLAND C. LIME OF INSURY Month. Doy. Year Not work of two white of two work SIGNATURE SIGNATURE FEMANTION. 220. NAME OF CEMETERY OR REMOVAL (Specify) James E. Andrews ID RARYLAND C. LIME OF INJURY Month. Doy. Year Name (Type) PURIAL CREMATION. 220. NAME OF CEMETERY OR REMOVAL (Specify) James E. Andrews ID RARYLAND 122. NAME OF CEMETERY OR REMOVAL (Specify) James E. Andrews ID RARYLAND 122. NAME OF CEMETERY OR RARYLAND 123. Section of Stay in the street of Cemetery OR RAME (Type) PURIAL CREMATION. 124. James E. Andrews ID RARYLAND 125. DATE THEREOF REMOVAL (Specify) 126. DATE THEREOF REMOVAL (Specify) 127. James E. Andrews ID RARYLAND 128. CAUSE OF CEMETERY OR REMOVAL (Specify) 127. James E. Andrews ID RARYLAND 128. CAUSE OF CEMETERY OR REMOVAL (Specify) 129. DATE THEREOF REMOVAL (Specify) 120. DATE THEREOF REMOVAL (Specify) 1	COUNTY Charles CHY OR TOWN (It conside expected limits, write RUPAL CHY OR TOWN (It conside expected limits, write RUPAL CHY OR TOWN (It conside expected limits, write RUPAL CHY OR TOWN (It conside expected limits, write RUPAL CHY OR TOWN (It conside expected limits, write RUPAL CHY OR TOWN (It conside expected limits, write RUPAL CHY OR TOWN (It considered limits) CHY OR TOWN (It consists) CHY OR TOWN (It considered limits) CHY OR TOWN (It consist	COUNTY Charles CITY OR TOWN If contribe corporate limits, write RURAL CITY OR TOWN If contribe corporate limits, write RURAL CITY OR TOWN If contribe corporate limits, write RURAL CITY OR TOWN If contribe corporate limits, write RURAL CITY OR TOWN If contribe corporate limits, write RURAL CITY OR TOWN If contribe corporate limits, write RURAL CITY OR TOWN If WRITE	COUNT Charles CITY OR TOWN If coincide cooperate limits, write SUPAL CITY OR TOWN If coincide cooperate limits, write SUPAL CITY OR TOWN If coincide cooperate limits, write SUPAL CITY OR TOWN If coincide cooperate limits, write SUPAL CITY OR TOWN If coincide cooperate limits, write SUPAL CITY OR TOWN If coincide cooperate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL CITY OR TOWN If coincide corporate limits, write SUPAL COLOR OR RECE P. MARRIED M. COLOR OR RECE P. MARRI	COUNTY Charles. CITY OF TOWN (if coined corporate limit, write SUPAL and go for Averte land) Mary Land CITY OF TOWN (if coined corporate limit, write SUPAL and go for Averte land) Middle

TO DEPUTY MECHAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the control of the word "pending" in pending them, 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Funeral to Funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 bours after death. VS. AISME \$M 2/57

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			100	Walter Street		
		THE REPORT OF THE PARTY OF THE		1915-15		
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may be retained the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OF

VS A15 (4) 15M 9/55

12496 **CERTIFICATE OF DEATH**

12484 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		MARYI AND	2. USUAL RESIDENCE (Where deceased lived	d. If institution: Residue.	dence before ada	mission)
Charl		MARYLAND	Md.		Ch	arles	
b. CITY OR TOWN (If a RURAL ond give neon Bryantow		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		imits, write RURAL or	nd give nearest t	own)
	. (If not in hospital, give stree	oddress)	d. STREET ADDRESS				RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First Samuel	Middle Adams	Lost	4. DATE OF DEATH	Month	Day	Year 19 59
			B. DATE OF BIRTH		Hovember GE (In years IF UNE	DER 1 YEAR IF U	
\ Male	Negro widow		JUNE 25,1	882 3	st birthdoy) Month		
during most of workin	(Give kind of work done 10bg life, even if retired)	KIND OF BUSINESS OR INDU	Maryland		12.	CITIZEN OF WH	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		*	
Francis Fa	rmer		Rose Jac	kson			
15. WAS DECEASEDEVER	IN U. 5. ARMED FORCES? 16 yes, give wor or dates of service)		NFORMANT		Address		1
No		None Ge	orge Farmer,	Aquasco,	Maryland		
CATIC	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE CON	NDITION GIVEN IN P	PER	AS AUTOPSY RFORMED?
	UNDERLYING 1 20b. DE 3 CAUSE OF DEATH EDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Page 1 or Port 11 of	item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	White		ACE OF INJURY (Home, for ctory, street, office bldg.,	erm. 20f. (City or to	own)	(County)	(Stote)
21. I certify that alive on	I attended the decea I alich VAHEH		n.D. Of		, 19, that e causes and an city or town, stole)		
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF	2c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION Bryanto	(City, town, or count	"	itote)
23. FUNERAL DIRECTOR'S		ADDRESS Waldorf, Maryla		C'D BY REGISTRAR NOV 1 2 '59	24b. REGISTRAR'S		

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TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OF

VS A15 (4) 15M 9/55

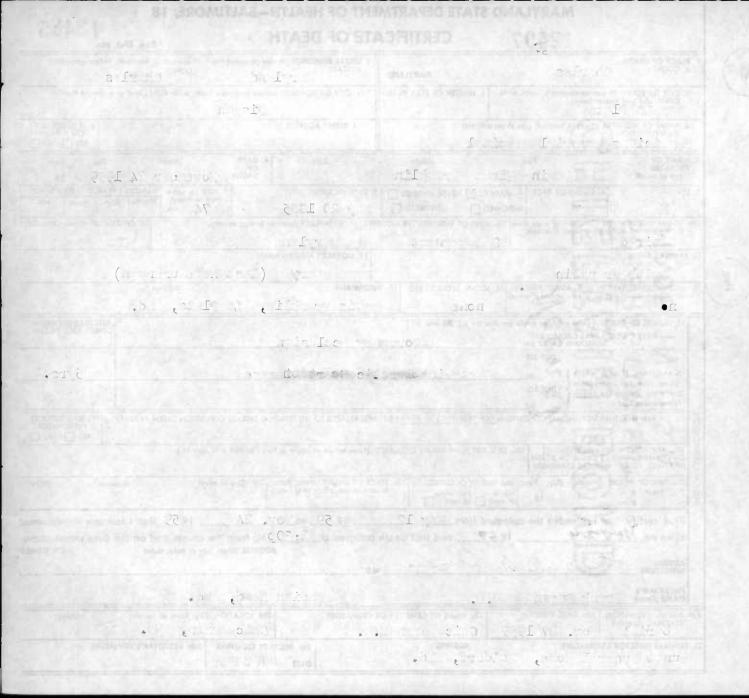
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 12497

12485

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Charles		MARYLA	11 0	SUAL RESIDENCE STATE	(Where deceased yland	l lived. If institut b. COUNTY			ssion)
b. CITY OR TOWN RURAL and give I		its, write c.	LENGTH OF STAY IN	1 1b c	CITY OR TOWN	(If outside corpor		RURAL ond gi	ive nearest for	vn)
OR INSTITUTION	ITAL (If not in hospitol, of S Memorial)	1-21-11-12-11	The second second	/	STREET ADDRES	S			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin Edwin		Middle n Frankli	n	Last	4. DATE OF DEATH	Novembe		Day 1959	Year
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED		re of Birth y 20 188		9. AGE (In years last birthdoy) 74 yrs.	Manths	Days Hours	
during most of wo Retired	ION (Give kind af work rking life, even if retired)	or Business or Rovernemt		Maryla	nd	iuntry)	-	ZEN OF WHA	T COUNTRY
13. FATHER'S NAME Smith 1	Franklin			14.	Mary		name ur	ulmown)	
	ER IN U. S. ARMED FOR (If yes, give war or dates of	service)	CIAL SECURITY NO.	17. INFOR	is Frank			Iress Md.		
PART 1. DE 4 2 0 . 0 Conditions, if gave rise to couse (o), stating lying couse last	immediate g the <u>under-</u>	o)	correction contraction contrac	érctic		isease		•		D DEATH
20a. ACCIDENT W	THER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH		BE HOW INJURY OCC					VEN IN PART	PERF	ORMED?
	10	While	JRY OCCURRED 2 Nat while of wark		F INJURY (Home, street, affice bldg.,		or town)	(Ca	ounty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	rhat I attended the	., 1957 . G. M.I	Pus on	M.D.	urred at 2;	30pM, from ADDRESS (St	the causes of th	and an th	e date sta	ted abave
REMOVAL (Specification) 23. FUNERAL DIRECTO	Nov. 27	1959	Chicamuxer			Chica	rar 24b. REG	Md.	A TI	ole)
Hunte Fur	neral Home,	Mardo	Drie Mae		DATE	NOV 3 0	'59 .		02	



	124 FOICAL EXAMINI	:K2	CERTIFICA	IE OF	DEAIH		12 4	186e
1.	PLACE OF DEATH			CE (Where de			lence before	dmission
	Chanles	AND	e. STATE Mary	land	b. COUN	" Charl	es	
1	b. CITY OR TOWN (if outside corporete limits, write RURAL and give negret town)	IN 1b	c. CITY OR TOWN	If outside corp	orete limits, write	RURAL end giv	ve nearest tow	n)
1			X Bel	Alton	J ₁ ·			
		s)	d. STREET ADDRESS			~ ~ ~		A FARM?
	Physicians Memorial Hospital						YES	
			Last	4. DATE	Month		-,	
	(Type or print)THOMAS FRANK FRANCIS		GOLDSMITH	DEATH	Novemb	er 5	9 19	59
		□ B	. DATE OF BIRTH	9				
	MIDOWED DIVORCED			8	<u>41</u> угз.	Months Days	Hours	Min.
10e do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	NDUSTR	Y 11. BIRTHPLACE (State	or foreign cou	intry)	12. CITIZEN	OF WHAT	OUNTRY
	Machinist Unknown					U.	S.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
1	Thomas F. Goldsmith			dsmith				
		. 17. 1	INFORMANT		Address			
1	No Unknown	Wi	lfred Goldsn	nith -	Bel Alto	n Md.		
			l noisoning					
	IMMEDIATE CAUSE (6)	-300	or borrouring)				
	88d. 9 DUE TO							
Ξ,	Conditions, if any, which (b)							
	(e), steting the underlying DUE TO					MI TO		
-	(0)	DIT NO	AT DELATED TO THE TERMI	NAL DISEASE	CONDITION CIV	CALIAL DART (/-)	10 3445 4	LITOREY
TO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	DOI NO	TI KELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAKI I(e)	PERFO	RMED?
FICA	200 EXTERNAL CALISE WAS 20h DESCRIRE HOW INTIREY OCC	LIRED (Enter nature of Injury in Pa	rt I or Part II of	item 1R)		AE2 K	NO [
CERT	PRIMARY or CONTRIBUTING							
		-		n, ' 20f. (City	or town)	(County)		(State)
EDIC	Hour e.m. While Not While of work at work	fect	ory, street, office bldg., etc	.)				
2	21. I certify that I took charge of the remains described abo	ve. he	ld an Autopsy [X].	Inspection	, Inquir	v П. ас	nd in my o	ninion
	and a contract that I look and go of the following	,			determined m		,,	Pillion
	death resulted from: Natural causes . Accident	Suic	ide I I. Homicide	I L Un				
	death resulted from: Natural causes, Accident,	Suic				200		
8	ACTUAL /// // //	Suic	CHIEF MEDICAL	EXAMINER [DATE SIG	NED
	ACTUAL SIGNATURE WILLS	_		EXAMINER [ER X	11		NED
	ACTUAL /// // //	_	CHIEF MEDICAL M.D. ASSISTANT MEE	EXAMINER CHICAL EXAMINER CHICAL EXAMINER	ER 🔀	n'	date sig /6/59	NED
220	ACTUAL SIGNATURE EXAMINER'S WILLIAM V. LOVITT, Jr., M., BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEME	D.	CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL Address (Street,	EXAMINER DICAL EXAMINAL EXAMINER City, town, or	ER 🔀			
220	ACTUAL SIGNATURE EXAMINER'S William V. Lovitt, Jr., M., BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME REMOVAL (Specify)	D. TERY OF	CHIEF MEDICAL M.D. ASSISTANT MEE DEPUTY MEDICA Address (Street, R CREMATORY	EXAMINER DICAL EXAMINER City, fown, or 22d, LOCAL	ER County) FION (City, town,	or country)	/6/59 (Stet	
	ACTUAL SIGNATURE EXAMINER'S William V. Lovitt, Jr., M., BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME REMOVAL (Specify)	D. TERY OF	CHIEF MEDICAL M.D. ASSISTANT MEE DEPUTY MEDICA Address (Street, R CREMATORY	EXAMINER DICAL EXAMINER City, fown, or 22d, LOCAL	ER X county) FION (City, town, ton , M RAR 246. REG	or country)	/6/59 (Stet	
	3. 5. 10e do	Thomas F. Goldsmith S. WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED Using sive not in most in specific size of the specific s	1. PLACE OF DEATH e. COUNTY Charles MARYLAND b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) La Plata d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Physicians Memorial Hospital 3. NAME OF DECEASED (Type or print) THOMAS FRANK FRANCIS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B WIDOWED DIVORCED B WIDOWE	1. PLACE OF DEATH e. COUNTY Charles MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) La Plata d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Physicians Memorial Hospital 3. NAME OF DECEASED (Type or print) THOMAS FRANK FRANCIS Male 6. COLOR OR RACE 7. MARRIED NOVERCED NOVERCED NACTOR OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State during most of working life, even if refired) Machinist 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State during most of working life, even if refired) Machinist 11. BIRTHPLACE (State Mary land) 12. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. Ethylene glycol poisoning cause lest, Conditions, if any, which geve rise to immediate cause (a), stelling the underlying cause lest, COUNTY CHARLES (County NO.) 12. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE CAUSE (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE CAUSE OF DEATH Undetermined manner	1. PLACE OF DEATH e. COUNTY Charles MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) La Plata d. NAME OF MOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Physicians Memorial Hospital 3. NAME OF DECEASED (Type or print) THOMAS FRANK FRANCIS GOLDSMITH 5. SEX Male Aug. 23, 1918 10e. USUAL OCCUPATION (if ye kind of work done during most of working life, even if relired) Machinist Thomas F. Goldsmith Thomas F. Goldsmith Thomas F. Goldsmith Thomas F. Goldsmith 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ye), no, or unkown) (If yes or inkown) (If yes	PLACE OF DEATH e. COUNTY Charles	PLACE OF DEATH 0. COUNTY Charles	1. PLACE OF DEATH c. COUNTY Charles MARYLAND D. CHY OR TOWN (if outside corporate limits, write RURAL and give nearest town) La Plata d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) Physicians Memorial Hospital J. STREET ADDRESS MINIME OF DECRASED (Type or print) THOMAS FRANCIS GOLDSMITH OBJECT (Type or print) THOMAS FRANCIS S. SEX A. COLOR OR RACE J. MARRIED DISTRIBUTION (if we have done and only one cause per line for (a), (b), and (c).] J. HATHER'S MANDE Thomas F. Goldsmith J. WAS DECRASED FVER IN U.S. ARMED FORCES? I.S. SOCIAL SECURITY NO. J. MARRIED OF DEATH (inter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY: MINIMED AND COUNTING THE MARKED STREET OF THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) DUE TO Conditions, if eny, which geve rise to immediate cause (a), itself and only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D

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12487

	124	99 CERTIFIC	ATE OF DEATH	Reg. I	Dist. No.
1.	PLACE OF DEATH o. COUNTY harles	MARYLAND	2. USUAL RESIDENCE (Where de o. Mary Land	P. COUNTY PA	les
	b. CITY OR TOWN (If outside corporate limits, RURA) and give nearest town) d. NAME OF HOSPITAL (If Not In hospital, give	26	c. CITY OR TOWN (If outside X Walder of d. STREET ADDRESS	corporate limits, write RURAL and	e, IS RESIDENCE
	OR INSTITUTION		/		ON A FARM? YES NO
L	NAME OF DECEASED (Type or print) Mary Lou	Venia Gne	enfield 1. Di	ATH DOUGH	Day Year 1959
	F. Cal.	MARRIED NEVER MARRIED DIVORCED DIVORCED	Suly 4 1886	lost birthday) Months	Days Haurs Min.
10	o. USUAL OCCUPATION (Give kind of work do pouring most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPIACE (Stote or fore	nign country) 12. C	U.S.A.
1	Frank Edel	en	Mary Loui	ieniz Ec	lelen
15	WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give wor or dates of servi	None N	le Kinley Gn	confrield W	aldorf Me
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), ond (c).]	Earl Faule	we	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)	andsolas	ce-kenne	Failure	years.
	couse (o), stoting the under-	Hodge	kong Des	ease	24s
CATION	PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO SEATH BU	JT NOT RELATED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PA	RT 1(0) 19. YAS AUTOPSY PES NO
CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in Port I o	or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Heur o m. 19	20d. INJURY OCCURRED While Not while at work	PLACE OF INJURY (Home, form, 20f. loctory, street, office bldg., etc.)	. (City or town)	(County) (Stote)
	21. I certify that I attended the dative on		th occurred at 10 MPM,	from the causes and on	last saw the deceased
	ACTUAL SIGNATURE O, M. L	ein ha		SS (Street, city or town, yote)	0 ATE SIGNED
	PHYSICIAN'S W.M. S	ELON MI	0 - //	,	
12	DE BURIAL, CREMATION, 276, DATE THEREOF NOV. 14	959 St. Pete	/_	OCATION (City, town, or county)	1d, (Stote)
23	funtt Funeral	Home Walder	F. Md. DATE DATE OV 1 6	egistrar 245. Registrar's s	GIGNATURE

VS A15 (4) 15M 9/S5

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Maryland Charks Walderfi, Kural

Mary Louvenia Concenfield

July 4, 1886 73

4.51 Frank Edelon Mary houven's Edelery

None Mc Kinkey Ereen frield Woldorf Md

Walderthe Mid

Burial Mes 14 1959 St Peters Huntt Tuneral Him, Walderfe, Md executed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Charles Hagherolle il rout out i mani il vice kiel May 25 1863 96 Mayerman 12.0 Ix man tour to the second respect to the state of the second E.J. EJeken Historica 1999 Anna 11-3-59 Ola Fulas Com to the rank when this care : Will

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12489

	1250	CERTIFIC	ATE OF DEAT	Н	Reg. Dist. No	.
o. COUNTY	havles	MARYLAND	II O STATE AA		institution: Residence before OUNTY	ore admission)
RURAL and give near	hesville	c. LENGTH OF STAY IN 16	11 1	outside corporate limits, es vi //e	write RURAL and give ne	earest town)
d. NAME OF HOSPITAL	. (If not in haspital, give stree	oddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO
NAME OF DECEASED (Type or print)	Joseph	Middle	JENKINS	4. DATE OF DEATH	Nov.	y Yeor 7 1959
SEX M	White WIDOW	RIED NEVER MARRIED	B. DATE OF BIRTH Dec 6 19	9. AGE (III lgst, birt	thday) Wonths Days Yrs.	Hours Min.
during most of working	(Give kind of work done 10bg life, even if retired)	. KIND OF BUSINESS OR IND	USTRY 11. BURTHPLACE (STOR	or foreign country)	12. CITIZEN	S, A.
FATHER'S NAME	seph H.	Jenkins	14. MOTHER'S MAIDEN		nes	
WAS DECEASED EVER	IN U. S. ARMED FORCES? 16 yes, give wor or dotes of service)	. SOCIAL SECURITY NO. 17.	MYS JOLN	H. Farrall	Address Hughesvil	le Md.
PART I. DEATH	mediate (Dur To	ARCINOMA EREBRAL I EREBRAL	POSTERIO EMBOUSM, PALSY	DR TONG	-UE S	SET AND DEATH MONTH HOUR IFE
20a. ACCIDENT WAS	UNDERLYING [] 206. DE	CONTRIBUTING TO DEATH BL				19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING D (IF EITHER, NOTIFY M 20c. TIME OF INJURY	EDICAL EXAMINER)	INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, for	100/ (5)		
Hour o. m. p. m.	While		octory, street, office bldg., et	c.)	(County) (State
21. I certify that alive an Marian Actual SIGNATURE PHYSICIAN'S NAME (Type)		See from Septem Seg., and that deat Seefen MI	M.D. Box = 6			
BURIAL CREMATION,	11-11-59	Mt O	livet	Wash	ngton.	D. C.
Lo Hunt	Funeral Hor	re Walder	Md. DATE	NOV 1 3 '59	b. RIGISTRAR'S SIGNATU Cathur S. H	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retail by the hospital ar attending physician.

TO FUNERAL Bractor: After this certificate has been signed by the attending physician and completely filled in b page 3 shauld be detached for use as the burial-transit permit. Then please remake carbon papers. Pages 1 and 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. VS A1S (4) 1SM 9/SS

funeral director, 2 should be filed with

CERTIFICATE OF DEATH

CARCINOMA, POSTERIOR TONGUE CEREBRAL EMBOUSM CEREBRAL PALSY

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SE ENEMINE IN THE DEMINAS

Lifting BOX 265: HIGHERING MD

H. GRIZEN MD. BOX#65: HUEMESNILE, MD

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 19500

12490

	TAJUL	O LIKITIO				Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Ch	narles	MARYLAND	II o. STATE	NCE (Where decease aryland	ed lived. If institution b. COUNTY	on: Residence Charle		sion)
b. CITY OR TOWN RURAL ond give La Plata		c. LENGTH OF STAY IN 16		WN (If outside corp	porote limits, write R	URAL ond give	e nearest town	1)
OR INSTITUTION	TTAL (If not in hospital, give street ans Memorial Ho		d. STREET ADI		Ave.	17/		FARM?
3. NAME OF DECEASED (Type or print)	First Edward	Middle Bayard La	nd.	4. DATE OF DEATH	Mon Novembe			Yeor 1959
S. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH July 25	1886	9. AGE (In years last birthdoy) yrs.		YEAR IF UND	ER 24 HRS. Min.
during most of wo	ION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR INDU		CE (Stote or foreign	country)	12. CITIZE	N OF WHAT	COUNTRY?
13. FATHER'S NAME		0.0.000	14. MOTHER'S M			000		
Edward	D Tand			mknovn				
		SOCIAL SECURITY NO. 17.	INFORMANT	THEFTONIA	Addi	ess	-	-
(Yes, no, or unknown)	(If yes, give war ar dates of service)	none	N. R. C	ary, Ind	ian Head,	Md.		
PART I. DE 420.1 Conditions, if gove rise to cose (o), stoting lying couse lost	DUE TO ony, which immediate g the <u>under-</u>	onary Occlusio		HE TERMINAL DISEA	SE CONDITION GIV		INTERVAL BE ONSET AND 2—Hour: Indefi	nite
20a. ACCIDENT WOR CONTRIBUTION	had Bergers Dis	sease for which				957	YES	NO D
20c. TIME OF INJU Hour o. m. p. m.	While	Not while	LACE OF INJURY (Ho actory, street, office b	me, form, 20f. (Cit ldg., etc.)	ty or town)	(Cou	nty)	(State)
actual signature Physician's NAME (1790)	that I attended the decease 19 19 19 19 19 19 19 19 19 19 19 19 19	and that deat	h accurred at	4;30 M, fra ADDRESS (S	Street, city or town,	nd an the	date state	ed abave. ATE SIGNED —59
20. BURIAL, CREMATI REMOVAL (Specific DUT Lain) 23. FUNERAL DIRECTO	" 11-9-59	22c. NAME OF CEMETERY OF	Tain Ce	m Pi	ATION (City, town, o	ntain	Slot	2
		aldorf, Md.		40. REC'D BY REGIS		TRAR'S SIGN		

may be retain y the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. 066 VS A1S (4) 1SM 9/SS

E.C

ITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL 9

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FOR STATE HEALTH DEPT

TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the ficate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral starr. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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				TOOM TA TITI	1105	11-2)-)7	el		Reg. DI	31. 140.	
1.	PLACE OF DEATH o. COUNTY Ch	arles		MARY	rLAND	2. USUAL RESIDENCE (o. STATE Md.		b. COUNTY		nce before rles	odmission)
	and give nearest to	(It outside corporate limits, write alderf	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	outside corp aldorf	orate limits, write	RURAL and	give neare	st town)
		ITAL OR INSTITUTION (I	f not in l	hospital, give street addres	13)	d. STREET ADDRESS					IS RESIDENCE ON A FARM? ES NO NO
	NAME OF DECEASED (Type or print)	Robert	L.	Middle Payne		Lost	4. DATE OF DEATH	Month Novembe		1959	Yeor 19
5.	SEX M	6. COLOR OR RACE	700	RRIED NEVER MARRIE		Sept. 28 18		9. AGE (In years lost-hythday) yrs.			UNDER 24 HRS.
100	during most of worl	TION (Give kind of work of king life, even if retired) TMET	ione 10b	farming	INDUSTRY	Virgin		ountry)		SA.	HAT COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Ro	bert Payne				Hattie	(Maio	den name	unkr	nown)	
15. Ye	WAS DECEASED E	VER IN U. S. ARMED FOI III yes, give war or dates of		220 26 4959		ormant obert Payne	, Wald	lorf, Md	•		
	PART I. DE 420.0	ony, which) (b)	Act	ne for (o). (b). ond (c).] ute Myocardi: teriosclerot:			2			1 mg	in.
	gave rise to imm (o), stating the couse tast.	underlying DUE TO									
CERTIFICATION				None					EN IN PART	1(o) 19, W PE YES	ERFORMED?
	20g. EXTERNAL C. PRIMARY OF CO	ONTRIBUTING []		RIBE HOW INJURY OCCUI Lapsed while				of item 18.)			
MEDICAL	Hour o. m		. W	d. INJURY OCCURRED 2 hile Not while work of work	0e. PLACE foctory	r, street, office bldg., etc	.)		(Cou		(Stote)
	21. I certify	Address of the second		e remoins described	d obov	e, held on Autops	sy 🔲, In	spection , , Undeter	Inquiry	у 🗓.	and in my
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	V.B.Dettor,	et M. I	lov .		M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINER		11-14-		TE SIGNED
220		ION, 22b. DATE THEREO		22c. NAME OF CEMET	ERY OR C		22d. LOCATI	ION (City, town, or	r county)	((Stofe)
23.	FUNERAL DIRECTO	or's signature uneral Home,		Waldorf,	Md.		D BY REGISTR		TRAR'S SIGN		

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¥	may be retained by the haspital or attending physician. • FUNERAL DIRECTOR: After this certificate has been sign	go	the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs offen death.
TO HOSPITAL (ITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours dec	may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune	0.	=

VS A15 (4)

	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
12504	CERTIFICATE OF DEATH	R

12492

eg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Charles Marvland Charles b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Waldorf-Rural Nd 3-Yrs d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE YES NO None NAME OF First Middle 4. DATE Lost Month Yeor Day DECEASED OF DEATH (Type or print) 19 Cecelia Serrin 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years Last birthdoy) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours W-US Female WIDOWED [DIVORCED X 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington-D.C. USA Drug Distributer Supervisor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sara A. Brown BOWERS Thomas H. Serrin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Hulda Scott-Sister No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma Left Breast DUE TO 2-Yrs Metastesis Chest and Left Arm Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while at work of work 11-02-59 21. I certify that I attended the deceased from 3-Mths 7-15-50 ____, 19____,that I last saw the deceased , and that death accurred at 7:30 Am, from the causes and on the date stated above. alive on 77-2 ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAR 77-2-59 M.D. Indian Head Mi James E. Andrews 11D PHYSICIAM'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY-22d. LOCATION CIL REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur & Thomas DATE NOV 4

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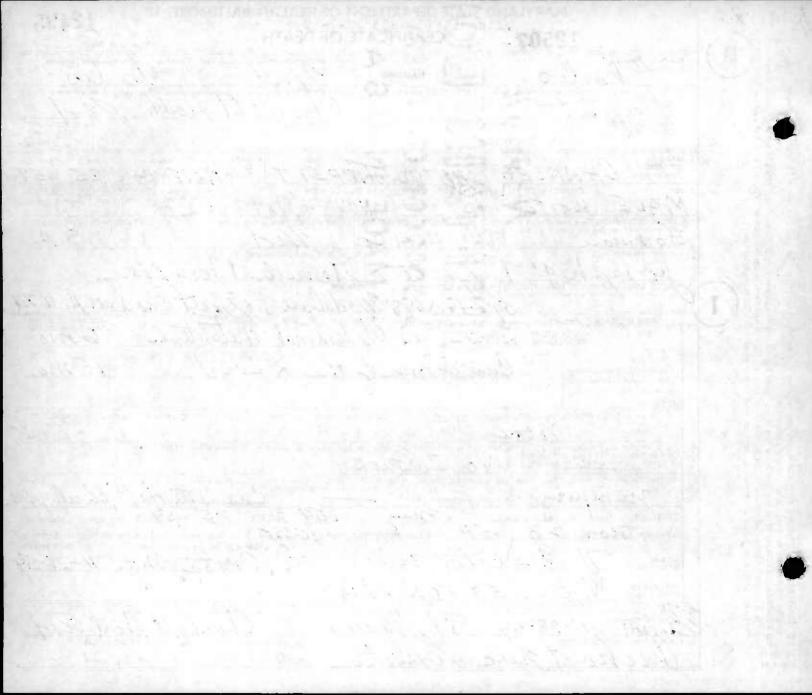
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12506 CERTIFICATE OF DEATH 12494

2.4000	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATULE (BACK) b. COUNTY Chira Lee
b. CITY OR TOWN (If outside corporate limits, write private one give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPHAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Green or print) Emmanuel Middle	Thompson Lost November 7 1959
Ma Colored WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthday) 1. Months Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU during most of working life, even if retired)	Maryland USA.
John R. Thompson	Catherine Savoy
5. WAS DECEASEDEVER IN U. S. ARMID FORCES? (If yes, give wor or local of service) None.	atie Proctor, By 122 Brandy wine 1
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	leal Failure INTERVAL BETWEEN ONSET AND GEATH
Conditions, if ony, which) DUE TO arteres see	lerosis - yran
gove rise to immediate couse (a), stating the underlying couse last. DUE TO (c)	Desease From Free Ypais
Lututochentere Trace	1 gRt framer - operated YES NO
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Defer noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl. Mour a. m. While for work of work of work	ACE OF INJURY (Home, form, clocy, street, office bldg., etc.) R - Wallaj. Cha. K.
21. I certify that I attended the deceased from Oct / alive on 200, 199, and that death	1957, to NOV 7 1957, that I lay saw the decease accurred at 6.477 M, from the causes and an the date stated above
ACTUAL Takeh M. Sein	M.D. Queste, Will 11/10/
PHYSICIAN'S NAME (Type) V.M. SERON MO.	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF ST ME	R CREMATORY 22d. LOCATION (City, town, or county) (State)
5. FUNERAL DIRECTOR'S SIGNATURE The HUNCH FUNERAL HOME Waldout	Md. PATNOV 1 2 '59 Colling & Frank

VS A15 (4) 15M 9/SS

23,60 Charles 181 1811 les Coepti 11362611 Thompson Normber 7 Forming Maryland 450 John R. Thompson



12496

				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (WE STATE Laryland	nere deceased lived. If institution b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16 45-Yrs	c. CITY OR TOWN (IF o	outside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	e street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO L
3. NAME OF DECEASED (Type or print) Will:	ie Cyrus Wh	lost neeler	4. DATE Mon OF DEATH 11-3-59	
M-US V	VIDOWED DIVORCED	B. DATE OF BIRTH 2-24-82	9. AGE (In years lost birthday) 77 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work do- during most of working life, even if retired) Carpenter	Building Trade	Doncaster		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME Peter L. Wheeler		Roberta Ge	rtrude Vilstea	id .
15, WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) (If yes, give wor or dates of servi		nformant eslie Dean-(So	n-in-Law) Ma	erbury lid.
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4. 2. 0. / DUE TO Conditions, if ony, which gove rise to immediate (b)	Cåronary Heard Di Acute Coronary Oc			interval Between onset and Death 3-Yrs
course (a) station the under DUE TO	Arterio Sclerosis	General		Indefinit
CATIC	TIONS CONTRIBUTING TO DEATH BUT			EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
	0b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of stem IB.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. 19		ACE OF INJURY (Hame, form ctory, street, affice bldg., etc.	20f. (City or town)	(County) (Stole
21. I certify that I attended the dalive an Andre SIGNATURE PHYSICIAN'S James E. Andre NAME (1794)	and that death	accurred at 105PI	M, fram the causes a	and an the date stated above
220. BURIAL (REMATION, REMOVAL (Specify) Buris 1 11/6/59	22c. NAME OF CEMETERY O	M. E. Cemevel	22d. LOCATION (City, lown, o	or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Wields Archart Funeral Home	Inc La Plata		D BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE

the attending physician and campletely filled in by the funeral director. Then please remaye carbon papers. Pages 1 and 2 should be filed with ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retain by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye carbon paper the registrar prior to burial, cremation, or remayal, and in any event within 72 Mours Offer death. TO HOSPITAL

ofter death. Page 4

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